

## Filing Fee Status

| Those seeking assistance from our Program must fill out this form to ensure you financially qualify for our services. Please complete option A <b>OR</b> option B as appropriate.               |   |                                     |            |  |
|---|---|-------------------------------------|------------|--|
|   | OPTION A: I have submitted/will submit a Declaration of Financial Hardship form to the Court waiving their fee.   |                                     |            |  |
| OR  |   |                                     |            |  |
|   | OPTION B: I will send the \$50 filing fee to the Court.  (make check payable to U.S. Court of Appeals for Veterans Claims and send to the Court using their address on opposite side) |                                     |            |  |
| If you are paying the Court's filing fee, please complete the information below:  |   |                                     |            |  |
| <b>Are you</b> <u>currently</u> <b>employed?</b> Do NOT include any disability, welfare, social security, or other federal, state, or local benefits you receive.                               |   |                                     |            |  |
|   | NO  | Last year of employment:            |            |  |
|   | YES   | Employer:                           |            |  |
|   |   | Monthly employment income:          |            |  |
|   |   | Number of people in your household: |            |  |
| To meet our Program's financial requirements, your <i>employment</i> income cannot be more than twice the current poverty level (as determined by the Department of Health and Human Services). |   |                                     |            |  |
| I state that the above is true and correct.   |   |                                     |            |  |
|   | Signature   | Date                                | Print Name |  |
|   |   |                                     |            |  |

The Veterans Consortium Pro Bono Program 2101 L Street NW, Suite 225 Washington DC 20037

QUESTIONS? Call us at: (888) 838-7727 Fax: (202) 628-8169

Email: Intake@vetsprobono.org



## **Frequently Asked Questions**

**Q:** Is the Court's Declaration of Financial Hardship (DFH) form or filing fee required for my case to be heard before the Court?

A: Yes, the Court requires that you either send in the DFH or the \$50 filing fee.

**Q**: Does completing your Program forms waive the Court's \$50 filing fee?

A: No, the DFH is a form required by the Court to waive their fee. Our Program can send you a copy of their form if you need one.

**Q**: Do I need to provide your Program or the Court with additional financial information along with the DFH?

A: No, neither our Program nor the Court require additional paperwork to file the DFH.

**Q:** Will sending the filing fee instead of the DFH get my case heard sooner?

A: No, neither the filing fee nor the DFH affect the speed in which your case gets through the Court.

**Q**: When and where do I send the DFH or Filing Fee?

A: You have 14 days from the time the Court files your appeal to send the DFH to the Court. Send your DFH or Filing Fee to:

Clerk of the Court
U.S. Court of Appeals for Veterans Claims
625 Indiana Ave. NW, Suite 900
Washington, DC 20004-2950